

# How to Read your Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a statement that your insurance company sends that summarizes the costs of health care services you received. An EOB shows how much your health care provider is charging your insurance company and how much you may be responsible for paying. This is not a bill. If you owe money, you will receive a separate bill from your health care provider. Individual EOBs are likely to differ from the example provided.

## Questions, Appeals and Grievances

Contact your health insurance company if you have any questions about your EOB, or if you have a complaint or are dissatisfied with a denial of coverage under your health plan, as you may be able to appeal the decision or file a grievance. If you think you were charged for services that your coverage is supposed to pay for, keep the bill and call the phone number on the back of your insurance card to speak with customer support. Check for services that were not performed. Some services might have been performed by a provider that has an arrangement with the organization you received care from, such as pathology and laboratory tests. Visit [www.nh.gov/insurance](http://www.nh.gov/insurance) for resources on dealing with denials or other complaints.

Explanation of Benefits (EOB)

Statement date: XX/XX/XXXX

Document number: XXXXXXXXXXXXXXXX

Customer service: 1-800-123-4567

Member name:

Address:

City, State, ZIP:

Insurance Plan Logo

THIS IS NOT A BILL

Subscriber number: XXXXXXXX

ID: XXXXXXXX

Group: ABCDE

Group number: XXXXXXXX

Patient name:

Date received:

Provider:

Payee:

Claim number: XXXXXXXX

Date paid: XX/XX/XXXX

Claim Detail				What your provider can charge you		Your responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Co-Pay	Deductible	Co-Insurance	Paid by Insurer	What You Owe	Remark Code
1	3/20/14-3/20/14	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/14-3/20/14	Medical care	Paid	\$375.00	\$118.12	\$0.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC
			Total	\$406.60	\$120.27	\$0.00	\$0.00	\$0.00	\$85.27	\$35.00	

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

- 1

**SERVICE DESCRIPTION** is a description of the health care services you received, like a medical visit, lab tests, screenings, surgery or lab tests.
- 2

**PROVIDER CHARGES** is the amount your provider bills for your visit.
- 3

**ALLOWED CHARGES** is the amount that your provider will be reimbursed, negotiated between the carrier and the provider (this may not be the same as the Provider Charges).
- 4

**PAID BY INSURER** is the amount your insurance plan will pay to your provider.
- 5

**PAYEE** is the person who will receive any reimbursement for over-paying the claim.
- 6

**WHAT YOU OWE** is the amount the patient or insurance plan member owes after your insurer has paid. You may have already paid part of this amount, and payments made directly to your provider may not be subtracted from this amount. Wait to receive a bill from your provider before paying for the services.
- 7

**REMARK CODE** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.